BIRTH MO. BEG. DIST. NO. BEG. DIST.	I FILED MAR 3	3 1949	STANDARD (				TO 1 State	File No	5323
a. COUNTY  JASPER  b. CITY (II countide corporate limits, write RURAL and give of the County of the place of the County of the	BIRTH NO		REG. DIST. NO	156	PRIMARY REG. C	137. NO. <u>"9</u>	シロノ	•••	77
OR TOWN JOPLIN   1 SAY (an this place)   1 SAY (an thi						ESIDENCE (V	Where deceased liv	ed. If inst	Jasper
3. NAME OF DECEASED a. (First) B. (Middle) C. (Last) 4. DATE (Month) (Day) C. (Type or Print) PAUL CHESTER BRYANT  5. SEX	OR TOWN J		STAY (Life	time	II OR			d give town	ahip)
3. NAME OF DECEASED PAUL CHESTER BRYANT  5. SEX O 6. COLOR OR RACE MARRIED. WHITTE  10a. USUAL OCCUPATION (Circ blind of work down during most of working life, were if retired)  11b. KIND OF BUSINESS OR INDUSTRY  12a. FATHER'S NAME  13a. FATHER'S NAME  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  13c. MOTHER'S MAIDEN NAME  13c. MOTHER'S MAIDEN NAME  13d. MOTHER'S MAIDEN NAME  14d. NAME OF HUSBARD ON WIFE JOURN'S JULY OF JU	d. FULL NAME OF (1 HOSPITAL OR INSTITUTION	from in bospital or ins Runal R#	3. New Addi	tiondon)	ADDRESS			.New	Addition
S. SEX   D. C. COLOR OR RACE   T. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. DATE OF BOUNDARY   S. DATE OF BUSINESS OR IN-DUSTRY   S. DATE OF GOOD during time of working life, who is it retired)   T. D. S. J.		- •	* •	-	c. (Last)		i OF	·	(Day) (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, were if redired Done during most of working life, were if redired Done during most of working life, were if redired Done during most of working life, were if redired Done and the most of working life, were if redired Done and the most of working life, were if redired Done and the most of working life. So, and the life life life life life life life lif	5. SEX () 6. (		7. MARRIED, NEVER MA WIDOWED, DIVORCED MARRIED	ARRIED,		•	last birthday)	Months	Days Hours Mis
13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE JOD 11  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY (Yes, 20, or unknown)  17. INFORMANT'S SIGNATURE OR NAME  ADDR (Yes, 20, or unknown)  18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of sping, such as heart fallure, athenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERA-  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUCIDE  HOMICIDE  21d. ACCIDENT  (Month)  (Day)  (Year)  (Hour)  13b. MOTHER'S MAIDEN NAME  ANDE Church  DOTOTHY F. Bryant, R#3. Jon 1 in . Mo  DOTOTHY F. Bryant, R#3. Jon 1 in . Mo  INTERVAL BY  ONSET AND  ONSET AND  11. INTERVAL BY  ONSET AND  DIRECTLY LEADING TO DEATH*  (a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  This does not mean the discase, injury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  22d. (CUNTY)  (STAT  WHILEAT NOT WHILE  21d. TIME  MADDE GRAPH  14. NAME OF HUSBAND OR WIFE JOD 1  DOTOTHY F. Bryant, R#3  17. INFORMANT'S SIGNATURE OR NAME  ADDR  AND  INTERVAL BY  ON THIS ACCIDENT  SUCIDE  HOMICIDE  21d. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	done during most of working	N (Give kind of work g life, even if retired)	10b. KIND OF BUSINES	DUSTRY	11. BIRTHPLACE	(State or foreign o	· )		12. CITIZEN OF WH. COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service) (II yes, give war or dates of	13a. FATHER'S NAME		136. MOTHER	S MAIDEN	NAME	14. NA	WE OF HUSBAND	or wif	Joplin.M
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, authenia, etc. It means the discussion which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition conditions contribution goods.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SURCIDE HOMICIDE HOMICIDE Conditions	15. WAS DECEASED EVER	R IN U.S. ARMED F	ORCES?   16. SOCIAL S	SECURITY	17. INFORMA	NT'S SIGN	ATURE OR N	AME	ADDRESS
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED OF  WHILEAT NOT WHILET  21f. HOW DID INJURY OCCUR?	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	NDITION	DICAL O			-	-	INTERVAL BETWEE ONSET AND DEATH
as heart failure, astheria, etc. It means the discussed formulated in the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discusse or condition couring death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bidgesc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)  (STAT	*This does not mean	Morbid conditions.	if any, aiging DUE TO (	b)(d	with s	metabl	sterior.		-
Conditions contributing to the death but not related to the disease or condition couring death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACEOFINJURY (e.g., in or about home, farm, fastory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STAT DATE (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT NOT WHILE TO NOT WHIL	etc. It means the dis-	rise to the above car the underlying caus	use (a) stainig ie last.				<del></del>		
TION  21a. ACCIDENT (Bpecify)   21b. PLACE OF INJURY (e.g., in or about SUICIDE   bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT NOT WHILE TO NOT WHILE T	tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not								
21d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILEAT NOT WHILE	TION	196. MAJOR FIND	INGS OF OPERATION		•	151	·		20. AUTOPSY?
OF WHILEAT NOT WHILE T	21a. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOW	N, OR TOWNSHIE	P) (CC	PUNTY)	(STATE)
INJURY MORK AT WORK	21d. TIME (Month) OF INJURY	(Day) (Year) (E	WHILEAT CONOT	WHILET	21f. HOW DID IN	LIURY OCCUR?			
22. I hereby certify that I attended the deceased from Lee 30, 1918, to 1-12, 1949, that I last saw the dealive on 12, 1949, and that death occurred at 10, m., from the causes and on the date stated above.		hat I attended th - ンラ , 19 40	se deceased from <u>LO</u> 7, and that death occ	urred at	, <i>102</i> _, **	i—13.  om the causes			
23a. SIGNATURE (Degree or, title) Zib. ADDRESS 23c. DATE S	23a. SIGNATURE	. Cran	•		ZID. ADDRESS	da Ja	plin .	mo,	23c. DATE SIGNE
TION REMOVAL (Books) 1-26-49 Osborne JOPLIN MISSOUF	24a. BURIAL, CREMA- TION, REMOVAL (Bpools) BUP 181	1-26-49	1		<u> </u>		JOPLI	N., M	IISSOURI
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE    38   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS     PARKER-HUNS AKER MORTUARY, JOPLIN  (Licensed Embelous's Statement on Reverse Side)	DATE REC'D BY LOCAL REC'S	REGISTRAR'S SI			PARKER-	HUNS AKE	R MORTU		

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	is certificate w	as embalme	ed by me, or 1	by
			•	
working under my personal supervision.				
<b>±</b>	m	7		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer